

Application Number _____
BA use only

Project Name/Number _____
BA use only

Conduit/Manhole Route Availability / Development

Customer Tracking Number _____ Date: _____

Bell Atlantic Agreement # _____

Customer Contact Name: _____	
Company Name: _____	
Address: _____	Billing Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone #: _____	Telephone #: _____
Fax #: _____	Fax #: _____
E-mail Address: _____	E-mail address: _____

_____ Please provide a schematic outlining your proposed route. Include footage, specific address information, cable designations be as specific as possible. Our estimates are based on total linear footage. A sample schematic has been included in this package.

Choose an Option:

_____	<i>Option 1 – Your firm has developed its required route; if no conduit is available, you do not wish to explore alternative routes.</i>
_____	<i>Option 2 – Your firm has developed its required route; if no conduit is available, then you wish alternate routes to be considered.</i>
_____	<i>Option 3 – Your firm requests Bell Atlantic's assistance in developing a route for you. To connect two or more locations.</i>

Check all that apply:

- _____ I am forwarding my specific route requirements please provide cost estimates to provide conduit record search and manhole survey(s). Total Linear Footage required. (*Option 1 only*)
- _____ I am forwarding my route requirements please provide cost estimates to provide conduit record search and manhole survey(s). If route is not available please find an alternative route. (*Option 2 only*)
- _____ I am writing to request a Project Meeting to discuss requirements. (*Option 1,2 & 3*)
- _____ I have attached a summary of items to discuss (*Option 1,2 & 3*)
- _____ I am writing to request assistance in developing a conduit/manhole route for occupancy to accommodate the facilities and locations outlined on the following page(s): (*Option 3*)

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Conduit Route – complete for (Option 1,2 & 3)

Starting Location: _____
(Please be specific, street address, city, and state)

Ending Location: _____
(Please be specific, street address, city, and state)

Intermediate Locations - Attach additional locations if necessary:

Location 1: _____

Location 2: _____

Location 3: _____

Location 4: _____

Location 5: _____

Location 6: _____

Location 7: _____

Location 8: _____

Location 9: _____

Location 10: _____

TOTAL LINEAR FOOTAGE ESTIMATED: _____
(Required for all options)

*******NOTE**

Bell Atlantic will use this estimated linear footage to develop cost estimates for necessary work, such as, conduit record search, manhole survey(s), rod, rope & slug, manhole breakouts and innerduct placement.

Please be aware that all time, including time associated with Project Meetings, is billable.

Please be advised that splices and slack are not allowed in manhole zero.

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Option 1,2&3 -Please complete the following for each different cable type you intend to place: (Attach additional Cable types as required)

Column A	B	C	D	E	F	G	H
Cable Type Designation <i>A new designation for each different cable type</i>	Outside Diameter in inches	Weight pounds per foot	Metallic Sheath or Shield Yes No	Type of Cable	Max. Voltage to Ground AC DC	Max. Current in any conductor indicate voltage	Type of jacket
A							
B							
C							
D							
E							

Column A Choose a designation for each different type of cable to be placed.
Column B Outside Diameter of Cable
Column C Weight per Foot Pound
Column D Indicate if Metallic Sheath or Shield
Column E If Coax cable show number of tubes, Fiber number of strands
Column F Maximum Voltage to ground
Column G Indicate Voltage
Column H Enter type of material of outer jacket or sheath (PVC, Polyethylene etc.)

All information is confidential. Bell Atlantic Corporate Policy Statement concerning Bell Atlantic's Privacy Principles can be found on our web site at <http://bellatlantic.com/about/privacywww.htm>.

Additional items to be considered:

Check all that apply

- _____ Route Diversity
- _____ This request is associated with a collocation/CATT request – *check all that apply and attach specific information* **COLLOCATION/CATT Application ID#** _____
- ☐ Includes Manhole Zero
- ☐ Collocation/CATT request requiring **multiple** Zero Manhole entrances if available
- ☐ You are providing your own fiber distances from the vault to the cage
- ☐ You require distances from Zero Manhole to Vault
- ☐ You require distances from the Vault to the Cage
- _____ Manhole Breakouts to connect with non-Bell Atlantic conduit locations specified on the attached Manhole Breakout Request – Form 2
- _____ Ties in with aerial route, provide riser information if known
- _____ Ties into privately owned conduit system – provide diagram
- _____ Other Considerations, please be specific

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Splice Casings/Equipment Housings to be placed in manholes:
(Attach additional equipment listings if required.)

Location	Type	Height	Width	Depth	Weight

NOTE:

Prior to Bell Atlantic issuing your license, a copy of your plan, indicating your proposed cable route, Manhole Breakout location(s) and splice locations must be submitted to the project manager. Bell Atlantic will review the plan and initial all approved Manhole breakouts, and splice locations. **Please be aware that all proposed Manhole breakouts and splice locations must be reviewed, field checked and approved in advance of a license being issued. Splices are not allowed in Manhole Zero.** If, due to Manhole conditions, alternative locations for breakouts and/or splice locations must be identified, Bell Atlantic will work with you to attempt to accommodate your needs.

Also, a sample of cable, tags, splice casings and equipment housing(s) must be submitted to the Bell Atlantic Project Manager, prior to placement, to ensure they comply with Bell Atlantic Standards.

Authorized
Contact Name: _____ **Authorized**
Contact Signature: _____

Contact Telephone #: _____ **Contact E-mail Address:** _____

Contact FAX #: _____